



TEXAS
Health and Human
Services

Local Health Department (LHD)

Random Moment Time Study

The Agenda



Random Moment Time Study (RMTS) will include:

- RMTS Overview
- RMTS Requirements
- Contacts – Roles and Responsibilities
- Participant List
- Moment Selection
- Moment Response
- System Demonstration
- Polling Questions
- Medicaid Administrative Claiming (MAC) Overview
- Wrap up

What is Random Moment Time Study (RMTS)?



- A valid random sampling technique that measures the participant's time performing work activities
- The “Moment” represents one minute of time that is randomly selected from all available moments within the quarter
- Statewide time study sample

Regardless of the entity the time study participant is located, once the moment has occurred, please logon to STAIRS and respond to the series of questions documenting the activity being performed and the name of the entity.
- Significantly reduces staff time needed to record participant activities

Overview - Purpose of RMTS



- To determine the percentage of time the LHD incurs assisting individuals to access medically necessary Medicaid funded services
 - Medicaid Outreach
 - Medicaid Eligibility Determination
 - Medicaid Referral, Coordination, and Monitoring
 - Medicaid Staff Training
 - Medicaid Transportation
 - Medicaid Translation
 - Medicaid Program Planning, Development & Interagency Coordination
 - Medicaid Provider Relations
- To reasonably identify staff time spent on activities during the given quarter.

Overview - Time Study Activities

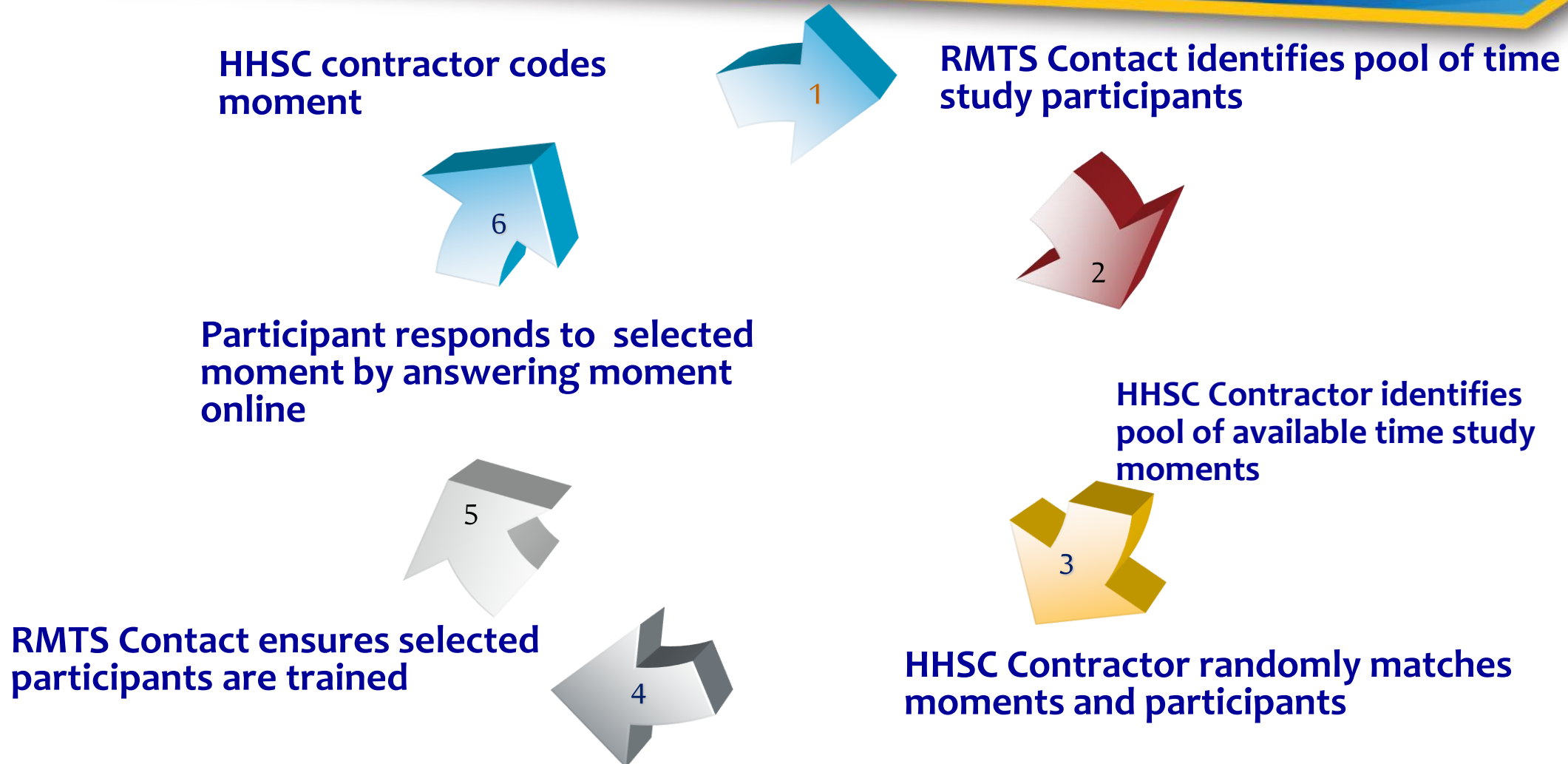


- Direct Medical – Providing care, treatment and/or counseling
- Outreach – Informing individuals, families and groups about available services
- Eligibility – Assisting individuals or families with the Medicaid eligibility process
- Referral, Coordination, and Monitoring – Making referrals, coordinating and/or monitoring the delivery of medical services
- Staff Training – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
- Transportation – Arranging or providing transportation to medical or Medicaid services
- Translation – Arranging or providing translation to an individual or family to access medical or Medicaid services
- Program Planning, Development & Interagency Coordination – Developing strategies to improve the coordination and delivery of medical or Medicaid services
- Provider Relations – Activities to secure and maintain Medicaid providers



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Overview- RMTS Process



Requirements for RMTS



- In order to participate, you must...
- Time Study Periods (Federal Fiscal Quarters)
 - 1st Quarter - October, November, December
 - 2nd Quarter - January, February, March
 - 3rd Quarter - April, May, June
 - 4th Quarter – July, August, September
- To claim MAC must participate in time study.
- Participant List (PL) must be certified for entity to participate in the random moment time study (RMTS).
- To be included on the MAC claim the position must be included on the PL.
- A statewide response rate of 85% for RMTS moments is required.
- Mandatory annual training for RMTS Contact and participants is required.

Requirements - Important Dates



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Event	Opens/Begins	Closes/Ends (6 p.m. CT)
<u>Participant List (PL)</u>		
1st Quarter PL	08/14/2020	09/15/2020
2nd Quarter PL	09/16/2020	12/15/2020
3rd Quarter PL	12/16/2020	03/15/2021
4th Quarter PL	03/16/2021	06/15/2021
<u>Time Study (TS)</u>		
1st Quarter TS	10/01/2020	12/31/2020
2nd Quarter TS	01/04/2021	03/31/2021
3rd Quarter TS	04/01/2021	06/30/2021
4th Quarter TS	07/01/2021	09/30/2021

Requirements - Training



- Each RMTS Contact must complete HHSC training annually
- RMTS contacts are required to complete only one HHS annual initial training and then are eligible to take “refresher” trainings.
- Initial training must be interactive and therefore must be conducted via Face-to-Face, Webinar, Skype or Teleconference
- Refresher training may be conducted via CD's, videos, web-based and self-paced training
- HHSC recommends that all participating LHD's have at least 2 employees attend mandatory RMTS Contact training
- Trained RMTS contacts are responsible for training Time Study (TS) participants annually
- MAC Financial Contact training is mandatory and held separately

Requirements - Training

Full Access versus View Only Access

System Access is limited to “View Only” until training is completed



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FB FAIRBANKS LLC

Welcome, [Redacted] ([Logout](#))

[Dashboard](#) > [Participant List](#) > [Time Study Sample](#) > [MAC Financial Submission](#)

[Manage](#)

[Manage Contacts](#) | [Manage Training Status](#)

FY2020 -- [Redacted] RMTS Contact Trainings

Filters: [FY2020](#) > [Redacted] > [RMTS Contact Trainings](#) > [All Users](#) > [Confirm](#)

[Preparers Available for Hire](#)

Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Make View-only	422145	[Redacted]	[Redacted]	[Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact)	Yes	Full Access to PL and TS	RMTS 2020 - LHD Refresher (Webinar 2019-08-21, 13:00:00-15:30:00)	FY2020	No
Make View-only	1140208	[Redacted]	[Redacted]	[Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact)	Yes	Full Access to PL and TS	RMTS 2020 - LHD Refresher (Webinar 2020-02-05, 13:00:00-15:30:00)	FY2020	No
Yourself	1145760	[Redacted]	[Redacted]	[Redacted] (Primary RMTS Contact, Primary MAC Financial Contact)	Yes	Full Access to PL and TS	RMTS 2020 - LHD Refresher (Webinar 2019-08-21, 13:00:00-15:30:00)	FY2020	No Change to Yes
Not Trained	422119	[Redacted]	[Redacted]	[Redacted] (Primary Director)	No	No Access to			
Not Trained	422147	[Redacted]	[Redacted]	[Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact)	No	No Access to			

* Choosing "Yes" means that you authorize the release of your name and contact information to the general public as someone who is willing to be hired to provide contract services to others.
NOTE: You must have attended training for the relevant period and role type in order to select "Yes". Neither HHSC nor Fairbanks will endorse an individual's capabilities to provide the contract service.

RMTS Information

[RMTS Information Website \(TX - HHSC\)](#)

MAC Information

[MAC Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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STAIRS Contacts



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Entity Contacts

Director

RMTS Contacts

MAC Financial Contacts

Time Study Participants

Health and Human Services Commission

HHSC Contractor

Fairbanks LLC

☐ Technical Support

☐ Central Coding Staff

Director



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- Must be designated as a contact in STAIRS. Username and password will be provided via E-mail
- Has the ability to add “Primary” RMTS contact

Primary RMTS Contact can add Secondary Contacts

When a Primary or Secondary RMTS contact is added, it automatically generates an e-mail containing their username and password

RMTS Contact



- Must be an employee of LHD or its designee
 - Primary RMTS Contact must be an employee of LHD
 - LHD assumes all responsibility for designee's actions/non-actions
- Ensure all contact information is current and accurate
- Must attend annual training provided by HHSC
- Verify and update quarterly Participant List
- Provides RMTS training to sampled participants
- Provides ongoing technical assistance to participants
- Ensure LHD compliance with 85% required response rate
 - Receives weekly list of participants that did not respond to their moments (document reason for missed moments)
- Contact can enter paid and unpaid time off for the selected participants when they are unavailable

RMTS Contact (con't)



- Time study participants who are absent at the time of their selected moment but will return within 5 business days, should complete the moment.
- The RMTS Contact will need to respond to the moment as “paid or unpaid” leave if the participant will not return within 5 business days.
- If a position is Vacant, the RMTS Contact should respond to the moment as “unpaid” leave. If a position has been filled, the selected moment should be forwarded to the new employee for response.
- If the position is filled after the 3 day notification has been e-mailed to the vacant position or the employee previously in that position, the new employee will have to use the username and password provided on the 3 day notification
- Because this is a STATEWIDE time study sample if you have an employee (contractor or regular) that has been selected for a moment but is working for another LHD at the time of their moment they still respond to the moment what they were doing



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Manage Time Study Sample

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Welcome, [\(Logout\)](#)

Public Health Department

[Dashboard](#) [Participant List](#) [Time Study Sample](#) [MAC Financial Submission](#) [Manage](#)

Open Quarter: July - September 2018

Quarter-to-Date Compliance
96%
Overall Compliance
26%

Open Quarter: July - September 2018 [Change Quarter](#)

(Training status: [full access](#))

[Download Sampled Usernames/Passwords to Distribute](#) [Reference Materials](#)

[Paid Leave](#) [Unpaid Leave](#) [Edit](#)

Showing: 1 - 95

Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Is Certified
Early Intervention Specialist (EIS)		Joanna		Allen	Part Time	07/03/2018, 05:51 AM	Certified 06/26/2018, 09:48 AM
<input type="checkbox"/> Clerk - Intake/Screening/Eligibility	Whitney		@.org	110	Full Time	07/19/2018, 11:49 AM	Not Certified Print Email
<input type="checkbox"/> Nurse - Licensed Vocational (LVN)	Cassandra		@.org	131	Full Time	07/02/2018, 10:09 AM	Certified 07/02/2018, 11:16 AM CDT
<input type="checkbox"/> Medical Assistant	Sarah		@.org	150	Full Time	07/02/2018, 11:08 AM	Certified 07/02/2018, 07:28 AM CDT
<input type="checkbox"/> Clerk - Intake/Screening/Eligibility	Megen		@.org	162	Full Time	07/20/2018, 01:26 PM	Certified 07/20/2018, 11:16 AM CDT
<input type="checkbox"/> Nurse - Licensed Vocational (LVN)	Lisa		@.org	115	Full Time	07/20/2018, 02:58 PM	Future Moment Email Print
<input type="checkbox"/> Nurse - Licensed Vocational (LVN)			@.org		Full Time	07/27/2018, 11:42 AM	Future Moment

A Moment that has not been certified yet.

A Moment that has been certified by the participant.

A Moment that has been certified by the Program Contact.

A Moment that has been certified by the Fairbanks CIC.

A Future Moment within the certification deadline.

A Future Moment

RMIS Inform

[RMIS Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information

Time Study Participant



- **Time Study Participant must:**
 - Must answer the following to document the sampled moment:
 - Who was with you?
 - Why were you performing the activity?
 - What were you doing?
 - Must attend annual training provided by trained RMTS Contact
 - Participant notified of moment 3 days in advance
 - Enter response within 5 business days of moment
 - Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
 - Primary RMTS Contact copied on the 72 hour reminder
 - Failure to enter the information will disqualify the moment
 - Respond to follow-up questions from coders within 3 business days from receipt of e-mail.
 - Primary RMTS Contact will be copied on the e-mail

HHSC – Time Study Unit



- Provides RMTS support and guidance
- Provides training to RMTS Contacts
- Provides training to Central Coders
- Works with appropriate federal agencies to design and implement programs
- Conducts ongoing program review to include:
 - Time Study results
 - Compliance with training requirements
 - Documentation compliance
- Sends out the non-compliance notification letters

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- **Central Coders**

- Receives training from HHSC on activity codes
- Review the participant's response for the sampled moment
- Assigns activity code using uniform time study codes
- When additional information is needed they must obtain clarifying information from time study participants via follow-up e-mail within 3 business days of request.
- Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance

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- **Technical Support**

- Contracted by HHSC to operate and administer the web-based RMTS system
- Assist in annual training for RMTS Contacts
- Ongoing system support
- Send e-mail notification to selected participant 3 days prior to the sampled moment
- Send reminder e-mails for non-response to the sampled moment

Polling Question



1.If a participant fails to respond to their moment within the 5 business days the RMTS Contact must:

- A. Document the reason for the missed moment in STAIRS
- B. Report the incident to the participant's supervisor
- C. Remove the participant from the PL and exclude from TS
- D. All of the above

Participant List



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- Agenda
 - Development
 - Certification
 - Who's In
 - Drop Down Options
 - System Demonstration

PL - Development



- At the beginning of each quarter only the trained RMTS Contact provides in STAIRS a comprehensive list of staff eligible to participate in the RMTS.
- Once PL is closed you cannot add/delete a participant nor change position/function category.
- Every time the PL is updated, it is also certified.

The RMTS Contact must open the PL and click the “certify the PL” button prior to the deadline, even if there are no changes to the participant list from the previous quarter.

PL - Development



- An accurate PL is a critical part for ensuring eligibility for MAC
If an LHD does not update/certify its PL by the deadline:
They are ineligible to submit a MAC claim for that quarter
- Reminder e-mails will be sent only to those LHDs that have not certified their PL.
- The PL provides a basis to identify the positions that may be included in the MAC claim

PL - Development



- **Vacant Positions**

Inconsistent implementation from year to year and entity to entity

- Only the vacant position(s) the LHD anticipates filling during the quarter should be included on the PL
- Should be reviewed and edited each quarter before the PL closes
- Loading the PL with vacant positions limits the opportunity for the selected moment to be a reimbursable response
- RMTS Contact responds to the moment as paid/unpaid leave
- Excess ultimately lowers the RMTS percentage across the State

PL - Development



• Duplicate Positions - What To Do???

- Identify and Remove from PL
- If more than one job function is performed by the participant, only include it once on the PL in the category/function performed majority of the time.
- Email(s) will be sent to those entities identified as having possible duplicate entries.
- HHSC trained RMTS Contact will be responsible for removing duplicate entries prior to the PL close date.

To remove duplicates from the PL do the following:

Export your PL to Excel. Choose the column of data (e.g. address, external ID) that may have duplicates. Highlight that column and choose the “conditional formatting” option. You’ll see an option there to “highlight duplicate values”

It’s easy to identify and remove any duplicates.

PL - Who's In???



- Participant List includes:
 - Staff who perform MAC activities:
 - Regular duties on a weekly basis
 - Regular Staff
 - Federally funded employees
 - Contractors (including all positions) who are not employees of the LHD but provide services for entity.
 - For one position being filled by multiple contractors, it should be listed as one position on PL
 - For multiple positions filled by one or more contractors, then each position should be listed on PL.
 - Vacant positions that are anticipated to be filled (with reasonably certainty) during the quarter.



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PL - Drop Down Options

Administrative Assistant/Technician

Aide – Health Clinic

Audiologist

Clerk - Intake/Screening/Eligibility

Coordinator – Immunization/HIV/STD/TB

Dental Assistant

Dental Hygienist

Dentist (DO)

Dietitian

Health Education - (Specialist/Technician)

Interpreter/Translator/Bilingual Specialist

Licensed Chemical Dependency Counselor (LCDC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Professional Counselor (LPC)

Medical Assistant

Nurse -Advanced Practitioner (APN)

Nurse - Licensed Vocational (LVN)

Occupational Therapist - Licensed (OT)

Occupational Therapist - Certified Assistant (COTA)

Outreach Worker/Case Worker/Community

Relations Specialist

Physical Therapist - Licensed (PT)

Physical Therapist - Licensed Assistant (LPTA)

Physician - Medical Doctor (MD)

Physician Assistant (PA)

Psychiatrist – Licensed

Psychologist - Licensed

Psychology – Licensed Intern

Receptionist/Telephone Operator

Registered Nurse (RN)

Service Coordinator/Case Manager

Social Worker - Licensed Baccalaureate (LBSW)

Social Worker - Licensed Clinical Social Worker (LCSW)

Social Worker – Licensed Master (LMSW) – (Non-clinical)

Specialist - Pregnancy, Education and Parenting Program

Specialist - Prevention (Immunization/HIV/STD/TB)

Speech Language Pathologist - Licensed (SLP)

Technical – Medical Records/Quality Assurance

Technician – Laboratory/Radiology

PL - System Demonstration



- Demonstration of RMTS online system:
 - Participant List Development
 - Managing Contacts
 - Designating “Willing to Hire Out”
 - Training Tracking
 - Time Study Sample
 - Monitoring Response Completion
 - Documenting non-response

Polling Questions



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2. If a participant performs more than one job function for your LHD place them on the PL for each function they perform

- A. True
- B. False

3. Mr. Lopez has resigned and Ms. Cortez has replaced him and both are SLP should the RMTS Contact update the PL with Ms. Cortez?

- A. True
- B. False

Polling Question



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4. Which of the following **IS NOT** a requirement for Random Moment Time Study participation?

- A. Certify the Participant List (PL) for each quarter
- B. Have an “active” Texas Provider Identifier (TPI)
- C. To meet the mandatory training requirements quarterly
- D. Maintain the 85% response rate for selected moments

Time Study Moment - General




Total pool of moments calculation:

$(\text{work days in quarter}) \times (\text{work hours each day}) \times (60) \times (\# \text{ of participants})$

Time study “moments” are randomly selected throughout the entire quarter

A time study “moment” represents one minute at the selected time

If a participant is sampled for a “moment,” their only responsibility is to document what they were doing at that precise minute

Some options have “hover-over” and/or “question marks”  that provide additional information that helps the participant make the best selection

Polling Questions



5. If no RMTS contact has completed training for the current FFY & the PL closes in just 5 days. The RMTS contact should:

- A. Open the spreadsheet “Preparers Available for Hire”
- B. Call Time Study Unit to request an individual training
- C. Call Fairbanks to request access to STAIRS on-line system
- D. Inform CEO/Director they cannot participate in MAC

6. If a selected participant is no longer working at the LHD and no one has filled the position, the RMTS Contact should:

- A. Respond to the moment as paid leave
- B. Respond to the moment as unpaid leave
- C. Edit the moment & change the participant name to “Vacant”
- D. Both B & C

Polling Questions



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7. A RMTS Contact with "View Only" access can respond to a moment when the participant can't complete the moment in the 5 days

- A. True
- B. False

RMTS Participant Moment



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- Demonstration of RMTS online system:
 - Sampling and Notification
 - Participant Questions
 - System Demonstration
 - Moment Completion



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Moment – Notification Example

- E-mail sent to selected participants

Name: [REDACTED]
Entity: [REDACTED]
Entity Contact: [REDACTED]
RMTS Category: [REDACTED]
Random Moment: 09:29 AM on 07/25/2018



You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your entity. Your participation is mandatory and assists your entity in obtaining reimbursement for Medicaid Administrative Claiming (MAC).



In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 09:29 AM on 07/25/2018.

User Name: [REDACTED]
Password: [REDACTED]



If you need any assistance or have any questions, please contact your RMTS Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

Moment – Web Page Screen



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- www.fairbanksllc.com

FB FAIRBANKS LLC

About Us Services Clients News Careers Contact Us

Client Login

- Alabama
- California
- Illinois
- Kentucky
- Missouri
- Nebraska
- New Mexico
- North Carolina
- R Texas Cost Reporting
- Texas ECI
- Texas ISD
- Texas LHD
- Texas MH-IDD

Define the...
Develop the...

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

[Our Services >](#)

Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >](#)

Moment – Login Screen




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Fairbanks LLC MAC Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Stop

Address <http://mac.fairbanksllc.com/login/> Go Links

FAIRBANKS
LLC

Login:

Your Password:

Login

Forgot your password? Reset it here: [Reset Password](#)

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Done Internet

Moment – Welcome Screen



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Welcome, [redacted] ([Logout](#))

Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
Department
MAC Category: Specialist - Prevention
(Immunization/HIV/STD/TB)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Moment – Instruction Screen



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Welcome, [redacted] ([Logout](#))

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your center/district. You are required to complete the following RMTS screens, which will ask a series of questions you will need to answer for your sampled moment. It is important that you complete the RMTS screens as accurately as possible.

1. Keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled moment of time.
2. Dropdowns and/or optional activity descriptions are provided to assist you. If you do not see a response that applies, choose "other" and you will be provided an explanation box in which you can describe what you were doing.
3. If a blue question mark icon appears at the end of an optional activity description, you may click on the "?" to obtain additional information.
4. The person who will be reviewing your response has no idea of your job description, tasks you perform, or why you perform them, so it is up to you to provide the proper information needed to adequately describe what you were doing at the time of your moment. If you provide insufficient information, you will receive a follow-up email or telephone call requesting additional information.
5. Responses such as the following do not provide sufficient information and should be avoided:
 - "I was doing my job."
 - "I was completing my job responsibilities."
 - "I was completing this time study response."
6. It is best to avoid the use of acronyms and to instead spell out the definition, description, or title.
7. Do not provide client/student-specific names. Instead, your response should state that you were working with a client/student or a group of clients/students, if that were the case.
8. If you are traveling at the time of your sampled moment, please include a description of the activity you will be performing upon arrival.
9. If you were not working at the time of your moment, please indicate if it was paid or unpaid leave/time off.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]


Program: [redacted]

Department

MAC Category: Specialist - Prevention

(Immunization/HIV/STD/TB)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment – Questions?



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WHO was with you?

WHY were you performing the activity?

WHAT were you doing?

Moment – System Demonstration



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Participants' Moment Demonstration

How Sample Participant's respond to their
time study moment

Response – Question 1



Who was with you?



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

Who was with you during your selected moment?

- ☐ Client
- ☐ Client (Multiple)
- ☐ Medical Provider
- ☐ Administrative Staff
- ☐ Health Department Staff
- ☐ Other Agency Staff
- ☐ Community Contact
- ☐ Contractor / Vendor
- ☐ No one (I was alone)
- ☐ I was not working
- ☐ Other

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: Edgar County Public Health
Department
MAC Category: Physician Assistant (PA)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.



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Response – Question 1

What was with you?

Client

Was the client an:

Existing client

New client

Client (Multiple)

Medical Provider

Administrative Staff

Health Department Staff

Other Agency Staff

Community Contact

Contractor/Vendor

No one/Alone

Not Working

Taking a break

Paid Response – Question 1

Not Paid

Having Lunch

Paid

Not Paid

Paid Time Off

Leave without pay

Other (please specify below)



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Response – Question 2

What were you doing?



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

Previous Answer:

IF YOU WERE WORKING WITH A CLIENT, WAS THAT PERSON
[EDIT](#) AN EXISTING CLIENT

What were you doing during your selected moment?

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: Edgar County Public Health
Department
MAC Category: Physician Assistant (PA)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the
Fairbanks Client Information Center at
(888) 321-1225.



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Response – Question 2

What were you doing? (Text Box)

Typically 2-4 sentences that provides specific information about what you were doing at that minute.

- Please keep in mind that the person coding the moment has no idea of the participant's job description; tasks performed or why they are performed
- It is up to the participant to provide the information needed for those independent coders to code the response accurately
- Please don't use acronyms in the description
- Please don't use people's names in the responses
- If not working, indicate if it was paid or unpaid leave

Response – Question 3



Why were you performing this activity?



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

Previous Answer:

WHAT WERE YOU DOING DURING YOUR SELECTED MOMENT?
[EDIT](#) DFGD

Why were you performing this activity?

- | | |
|--|--|
| <input type="radio"/> Determine the client's eligibility | <input type="radio"/> Coordinate or provide transportation |
| <input type="radio"/> Program Planning, Development and Interagency Coordination | <input type="radio"/> Coordinate or provide translation |
| <input type="radio"/> Tell people about a service | <input type="radio"/> Arranging or attending a meeting |
| <input type="radio"/> Help a person obtain a needed service | <input type="radio"/> Secure and/or maintain eligible Medicaid providers |
| <input type="radio"/> Monitor the provision of a service | <input type="radio"/> Provide or attend staff training |
| <input type="radio"/> Refer the person to a needed service | <input type="radio"/> Provide or receive supervision |
| <input type="radio"/> Provide a direct medical service | <input type="radio"/> Not Working |
| <input type="radio"/> Coordinate services for someone | <input type="radio"/> Other |

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: Edgar County Public Health Department
MAC Category: Physician Assistant (PA)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Response – Question 3



Why were you performing this activity?

Determine the clients eligibility

Tell people about a service

Help a person obtain a needed service

Monitor the provision of a service

Refer the person to a needed service

Provide a direct medical service

Coordinate services for someone

Coordinate or provide transportation to a:

Medical service

Non-Medical service

Other (please describe)

Identify the service

Response – Question 3



TEXAS
Health and Human
Services

Why were you performing this activity?

Coordinate or provide translation for or during a:

Medical service

Non-Medical service

Other (please describe)

Secure and/or maintain eligible Medicaid providers

Program Planning, Development & Interagency Coordination

Provide or attend staff training

Medical training

Non-Medical training

Other (please specify)

Provide or receive supervision

General supervision

Utilization Review

QA/Administrative Policies and Procedures

Response – Question 3



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Services

Why were you performing this activity?

Not Working

Other

Response – Additional Question 3



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Services

Please identify the service?



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

Previous Answer:

WHY WERE YOU PERFORMING THIS ACTIVITY?
[EDIT](#) REFER THE PERSON TO A NEEDED SERVICE

If you were referring the person to a needed service, can you identify what service you were referring to?

Service

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: Edgar County Public Health
Department
MAC Category: Physician Assistant (PA)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Complete Time Study



Review Responses and Submit



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/03/2015, 08:56 AM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

Who was with you during your selected moment?

[Edit](#) Client

If you were working with a client, was that person

[Edit](#) An existing client

What were you doing during your selected moment?

[Edit](#) [redacted]

Why were you performing this activity?

[Edit](#) Coordinate services for someone

If you were coordinating the provision of services, can you identify what services you were coordinating?

[Edit](#) [redacted]

Could only someone with specialized medical knowledge and training perform this activity?

[Edit](#) Yes

Can you please describe how you used your medical knowledge and training to perform this activity?

[Edit](#) Yes

[Certify & Submit](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: Edgar County Public Health
Department

MAC Category: Physician Assistant (PA)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Complete Time Study



Printed Completed RMTS



Welcome, [REDACTED] ([Logout](#))

Random Moment Time Study

✓ CONGRATULATIONS LAUREN OLVERA, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)

Your Profile

Name: [REDACTED]
Email: [REDACTED]
Program: [REDACTED]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Complete Time Study



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Health and Human
Services

Printed Confirmation Receipt



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

✓ , YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT
06/10/2015, 09:42 AM CENTRAL TIME.

🕒 **Random Moment Time:** 06/03/2015, 08:56 AM Central Time

Here are your answers:

Who was with you during your selected moment?

Client

If you were working with a client, was that person
An existing client

What were you doing during your selected moment?

Why were you performing this activity?

Coordinate services for someone

If you were coordinating the provision of services, can you identify what services you were
coordinating?

Could only someone with specialized medical knowledge and training perform this activity?

Yes

Can you please describe how you used your medical knowledge and training to perform this activity?
Yes

Print

Your Profile

Name: [redacted]
Email: [redacted]
Program: Edgar County Public Health
Department
MAC Category: Physician Assistant (PA)

Reference Materials

📄 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the
Fairbanks Client Information Center at
(888) 321-1225.

Email Messages



- Types of Communication managed predominantly via e-mail, i.e.:
 - RMTS moment notifications and follow ups
 - Participant list updates
 - Compliance follow-ups
 - MAC Financial notifications and follow-ups
- Role in Fairbanks dictates what messages you receive
- It's critical that your LHD authorize your e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails with info@fairbanksllc.com, and @hhsc.state.tx.us extensions pass through firewalls and spam filters.

Helpful Hints



Passwords

Passwords will not change

If you forget your password, you can reset it at the log-in screen

Manage Contacts

Delete contacts if they are no longer with your entity

Do not back space and type over the name

To add a contact in system use the "Add a new contact"

Username & Password will be e-mailed

The primary contact can change primary status from themselves to a secondary.
A secondary contact cannot change primary contact status

There can be only one Primary contact for each role (RMTS and MAC Financial)

There is no limit to the number of secondary contacts

For system questions contact Fairbanks support line: (888) 321-1225

WRAP UP



- If you are not listed in the Fairbanks system as a Contact then you cannot receive credit for completing this training until you have been added by the Primary RMTS contact or Director

There are NO certificates for training:

- You will receive an email thanking you for attending today's training, however this does not mean that you will receive training credit.
- RMTS Contacts can view attendance information via Fairbanks by clicking the "Training" tab on the top far right portion of the screen
- A maximum of 9 days processing time is required after attending training before the session attended will be listed next to the RMTS Contact's name and the "status" column will then show full access
- Once "Full Access" is indicated you will be able to update/certify the participant list
- You can print this screen using the printer icon located on the top right corner of the screen for your records

Contact Information



Time Study

- Richard Baylie - **Director**
- Ri-Chard Thomas – **Team Lead**
- Alexandra Young – **Rate Analyst**

(512) 490-3194

E-Mail Address

TimeStudy@hhsc.state.tx.us

Website

<https://rad.hhs.texas.gov/time-study/time-study-lhd-training-information>

Fairbanks, LLC.

info@fairbanksllc.com

(888) 321-1225



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Health and Human
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Thank you

Time Study Unit